Clarification of the Immunization Status of Children and Compliance with State Law

The following definitions have been developed by the Illinois Department of Public Health to clarify the difference between (1) being protected against the specific immunizable diseases and in compliance, (2) being unprotected and in compliance, and (3) being unprotected and in noncompliance.

In addition to being in compliance relative to immunizations, children must receive physical examinations prior to entering Illinois schools for the first time, prior to the date of entering kindergarten or first grade, prior to entering sixth grade, and prior to entering ninth grade. Children who have not received physical examinations, as required, are considered to be in noncompliance whether or not they have received the required immunizations.

POLIO (IPV/OPV)

TOLIO (II V/OI V)								
CHILD CARE PROGRAMS BELOW	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*					
KINDERGARTEN LEVEL	Has received three or more doses of	Has received at least one dose of	Has received fewer than the required					
(AGE 2 OR OLDER).	Polio (IPV/OPV) administered at	Polio (IPV/OPV), but fewer than	immunizations, or has failed to					
INCLUDES NURSERY	intervals of no less than four weeks	those required to be PROTECTED	provide proof of vaccine history, and					
SCHOOLS, PRESCHOOL	apart.	AND IN COMPLIANCE, but has	has not presented a schedule from a					
PROGRAMS, EARLY		presented a schedule from a	physician or clinic indicating the					
CHILDHOOD PROGRAMS		physician or clinic indicating the	date(s) for receiving these					
AND HEAD START.	Has received four or more doses of	date(s) to complete the required	immunizations, nor a statement that					
	any combination of IPV and OPV,	doses; or a statement that these	these immunizations are medically					
STUDENTS ENTERING AT ANY	or three or more doses of all-IPV or	immunizations are medically	contraindicated, nor a statement					
GRADE LEVEL (K-12)	all-OPV, at intervals of no less than	contraindicated; or a statement	detailing the parent(s)' or					
	four weeks apart, with the last dose	detailing the parent(s)' or	guardian(s)' objection on religious					
	having been received on or after the	guardian(s)' objection	grounds.					
	4th birthday.	on religious grounds.						
DID	HEHEDIA ZEGRANIJO DEL	DELICCIC (DED/DE D. LE	1 \					
DIPHTHERIA, TETANUS, PERTUSSIS (DTP/DTaP and Tdap)								
CHILD CADE DROCD AMS	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*					
CHILD CARE PROGRAMS BELOW KINDERGARTEN	IN COMPLIANCE	IN COMPLIANCE.	IN NONCOMPLIANCE*					
LEVEL (AGE 2 OR OLDER).	Has received four doses of	Has received at least one dose of	Has received fewer than the required					
INCLUDES NURSERY	DTP/DTaP. The first three doses in	DTP/DTaP/Td/Tdap, but fewer than	immunizations, or has failed to					
SCHOOLS, PRESCHOOL	the series must have been received	those required to be PROTECTED	provide proof of vaccine history, and					
PROGRAMS, EARLY	no less than four weeks apart. The	AND IN COMPLIANCE, but has	has not presented a schedule from a					
CHILDHOOD PROGRAMS	interval between the third and fourth	presented a schedule from a	physician or clinic indicating the					
AND HEAD START	dose must be at least six months.	physician or clinic indicating the	date(s) for receiving these					
	dose mast se at reast sm monais.	date(s) to complete the required	immunizations, nor a statement that					
	Has received four or more doses of	doses; or a statement that these	these immunizations are medically					
	DTP/DTaP with the last dose being a	immunizations are medically	contraindicated, nor a statement					
KINDERGARTEN OR	booster and having been received on	contraindicated; or a statement	detailing the parent(s)' or					
FIRST GRADE	or after the 4th birthday. The first	detailing the parent(s)' or	guardian(s)' objection on religious					
	three doses in the series must have	guardian(s)' objection on religious	grounds.					
	been received no less than four	grounds.						
	weeks apart.							
	The interval between the third and							
	fourth or final dose must be at least							
	six months.							
CTUDENTS ENTEDING	Has reasived one does of Teen							
STUDENTS ENTERING SIXTH THROUGH TWELFTH	Has received one dose of Tdap vaccine.							
GRADES IN 2013-2014 SCHOOL	vaccine.							
YEAR								
LAK	Has received three or more doses of							
	DTP/DTaP or Td, with the last							
	dose being a booster and having							
	been received on or after the 4th							
ALL OTHER GRADE	birthday. The first two doses in the							
LEVELS	series must have been received no							
	less than four weeks apart. The							
	interval between the second and							
	third or final dose must be at least							
	six months.							

^{*}Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

MEASLES (RUBEOLA)

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.

PROTECTED AND IN COMPLIANCE

Has received one dose of measles vaccine (usually given as MMR) on or after the 1st birthday, had physician diagnosed measles disease, or laboratory evidence of measles immunity. A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.

vaccine (usually given as MMR), with the first dose on or after the 1st birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed measles disease, or laboratory evidence of measles immunity. A diagnosis of

measles disease made by a physician

on or after July 1, 2002, must be

confirmed by laboratory evidence.

Has received two doses of measles

UNPROTECTED AND IN COMPLIANCE*

Has **not** received, or provided proof of, measles vaccine as required, nor had physician diagnosed measles disease, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

Has received at least one dose of measles vaccine, but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the date to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

UNPROTECTED AND IN NONCOMPLIANCE*

Has **not** received, or provided proof of, measles vaccine as required, nor had physician diagnosed measles disease, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s) objection on religious grounds.

STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)

grounds. RUBELLA (3 DAY)

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.

STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)

PROTECTED AND IN COMPLIANCE

Has received one dose of rubella vaccine (usually given as MMR) on or after the 1st birthday or has laboratory evidence of rubella immunity.

Has received one dose of rubella vaccine (usually given as MMR) on or after the 1_{st} birthday or has laboratory evidence of rubella immunity.

UNPROTECTED AND IN COMPLIANCE*

Has **not** received, or provided proof of, rubella vaccine as required, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

UNPROTECTED AND IN NONCOMPLIANCE*

Has **not** received, or provided proof of, rubella vaccine as required, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

MUMPS

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.

STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)

PROTECTED AND IN COMPLIANCE

Has received one dose of mumps vaccine (usually given as MMR) on or after the 1st birthday, or had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.

Has received one dose of mumps vaccine (usually given as MMR) on or after the 1st birthday, had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.

UNPROTECTED AND IN COMPLIANCE*

Has **not** received, or provided proof of, mumps vaccine as required, nor had physician diagnosed mumps disease, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

UNPROTECTED AND IN NONCOMPLIANCE*

Has **not** received, or provided proof of, mumps vaccine as required, nor had physician diagnosed mumps disease, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

^{*}Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

HEPATITIS B			
HEI ATTTIS D	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*
CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	Has received three doses of hepatitis B vaccine administered at the appropriate intervals, or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. The interval between the first and third dose must be at least 4 months. The third dose must have been administered on or after 6 months of age.	Has not received, or provided proof of, hepatitis B vaccine as required, nor has laboratory evidence of prior or current hepatitis B infection, but has received at least one dose of hepatitis B vaccine and has presented a schedule from a physician or clinic indicating the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, nor has laboratory evidence of prior or current hepatitis B infection, nor presented a schedule from a physician or clinic indicating date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
STUDENTS ENTERING GRADES FIVE THROUGH TWELVE	Has received three doses of hepatitis B vaccine at the appropriate intervals or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. The interval between the first and third dose must be at least four months.		
	HAEMOPHILUS INFL	UENZAE TYPE B (Hib)	
CHILD CARE PROGRAMS BELOW	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND IN NONCOMPLIANCE*
KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.	Has received the primary series of Hib vaccine according to the Hib vaccination schedule or a single dose of Hib vaccine between 15-59 months of age.	Has not received, or provided proof of, Hib vaccine as indicated by the Hib vaccination schedule, but has presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a	Has not provided proof of Hib vaccine as indicated by the Hib vaccination schedule, and has not presented a schedule from a physician or clinic indicating a date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor a
STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	Hib vaccine not required for children 5 years of age or older.	statement detailing the parent(s)' or guardian(s)' objection on religious grounds.	statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

^{*}Students in either the Unprotected and in Compliance or Unprotected and in Noncompliance column must be placed on the susceptible list for that disease.

VARICELLA/CHICKENPOX

CHILDREN (AGE 2 OR OLDER) ENTERING, FOR THE FIRST TIME ON OR AFTER JULY 1, 2002, CHILD CARE PROGRAMS BELOW THE KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL

PROGRAMS, EARLY CHILDHOOD PROGRAMS

AND HEAD START.

STUDENTS ENTERING
KINDERGARTEN, FOR THE
FIRST TIME, ON OR AFTER
JULY 1, 2002. <u>APPLIES TO</u>
<u>KINDERGARTEN THROUGH</u>
<u>GRADE 11 FOR SCHOOL YEAR</u>
<u>2013-2014.</u>
AND STUDENTS ATTENDING
SCHOOL PROGRAMS WHERE
KINDERGARTEN GRADE
LEVEL IS NOT ASSIGNED
(PRIOR TO THE SCHOOL
YEAR IN WHICH THE CHILD
REACHES THE AGE OF 5).

12th GRADE LEVEL (for school year 2013-2014)

PROTECTED AND IN COMPLIANCE

Has received one dose of varicella vaccine on or after the 1_{st} birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.

Has received one dose of varicella vaccine on or after the 1st birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.

Varicella vaccine is **not** required.

UNPROTECTED AND IN COMPLIANCE*

Has **not** received or provided proof of, varicella vaccine as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

UNPROTECTED AND IN NONCOMPLIANCE*

Has **not** received or provided proof of, varicella vaccine as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, and has not presented a statement from a physician or clinic indicating the date that this immunization is scheduled; or that this immunization is medically contraindicated; or a statement detailing the parent(s)' or guardian(s)' objection on religious grounds.

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Vaccination Schedule for *Haemophilus influenzae* type b Conjugate Vaccine s (Hib)

Note: Vaccines are interchangeable. Any combination of 3 doses of conjugate vaccine constitutes a primary series. Similarly, a DTP/Hib combination vaccine can be used in place of HbOC or PRT-T.

Vaccine	Age at 1 st Dose (months)	Primary Series	Booster	Total Number of Doses
HbOC HibTITER ® Wyeth/Lederle or DTP/HbOC TETRAMUNE ® Wyeth/Lederle or PRP-T ActHIB ® Aventis Pasteur OmniHib ® GlaxoSmithKline	2-6	3 doses, 2 months apart①	12-15 months ②, ③	4
	7-11	2 doses, 2 months apart ^①	12-18 months ②, ③	3
	12-14	1 dose	2 months later ③	2
	15-59	1 dose ⊕	None	1
PRP-OMP PedvaxHIB ® Merck COMVAX ® Merck	2-6	2 doses, 2 months apart①	12-15 months ②, ③	3
	7-11	2 doses, 2 months apart ①	12-18 months ②, ③	3
	12-14	1 dose	2 months later ③	2
	15-59	1 dose⊕	None	1
PRP-D ProHIBIT ® Aventis Pasteur	15-59	1 dose⊕	None	1

- 1. Minimimally acceptable interval between doses is one month.
- 2. At least 2 months after previous dose.
- 3. After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.
- 4. Children 15-59 months of age should receive only a single dose of Hib vaccine.

Progression of Varicella Vaccine Requirement

2002-2003 K 2003-2004 K 1 2004-2005 K 1 2 2005-2006 K 1 2 3 2006-2007 K 1 2 3 4 2007-2008 K 1 2 3 4 5 2008-2009 K 1 2 3 4 5 6 2009-2010 K 1 2 3 4 5 6 7 2010-2011 K 1 2 3 4 5 6 7 8 2011-2012 K 1 2 3 4 5 6 7 8 9 2012-2013 K 1 2 3 4 5 6 7 8 9 10 2013-2014 K 1 2 3 4 5 6 7 8 9 10 11 2014-2015 K 1 2 3 4 5 6 7 8 9 10 11